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'FAMINE IN ZIMBABWE, 1890-1960

by

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Note

This paper is a summary of the first draft of what may eventually become a short (45,000 word) book. I should be especially grateful for suggestions on how best to strengthen it during a further month's research in the National Archives.

The paper reproduces the first and last chapters of the book in full, plus brief summaries of chapters 2-11 which discuss pre-colonial famines and the nine major food shortages of the period covered (1896-7, 1903, 1912, 1916, 1922, 1933, 1942, 1947, 1960). I have not included footnotes. I should like to thank Dr Beach and the officers of the National Archives of Zimbabwe for their quite exceptional helpfulness.

1. The Problem of Famine

The best way to explain the argument of this book is to explain how it came to be written.

In 1986 I visited Zimbabwe for the first time in order to learn as much about its history as was possible in two months. I was especially interested in its population history, for this presents three problems to a historian. First, the population was surprisingly small when Europeans invaded. The first rough estimate in 1901 suggested 551,927 indigenous Africans. A later census raised this estimate to 700,000. Even if this was still too low and the real figure was nearer 1,000,000, that would still have been remarkably small when compared with the 8,100,000 people of all races living in Zimbabwe in 1984. The second problem for the historian, then, is why population grew so rapidly during the colonial period. And the third is why it grew so early in the colonial period. During the first decade of the twentieth century many observers thought that the African population was increasing. During the second decade almost everyone thought so. A later census suggested annual growth rates of 2.3 per cent between 1901 and 1911 and 2.4 per cent between 1911 and 1921. Even if these rates were exaggerated by starting from too low a base, the fact that population grew at all between 1900 and 1925 probably made Southern Rhodesia, as it then was, unique in East and Central Africa, for it is generally believed that population elsewhere in the region declined, or at least stagnated, during the early colonial period.

While reading in the National Archives of Zimbabwe and pondering these questions, I came across a series of files on famine relief during the early colonial period. They were vivid and detailed and they immediately connected with the questions in my mind. They showed that many people died in early colonial famines, especially following the great insurrection of 1896-7, but that famine mortality had declined rapidly during the early twentieth century and had ceased almost completely after 1922. This suggested a possible key to Zimbabwe's population history: famine (often accompanied by epidemic disease) could have held down the population before 1900; the ending of famine mortality could have permitted the rapid population growth of the twentieth century; and the fact that mortality was checked so early in the colonial period - earlier than in other African colonies I knew - could explain why Southern Rhodesia's population increased

so soon after European invasion. This explanation would also fit neatly with three other considerations. One was a belief in the central importance of famine in African history which most historians had learned from the disasters of 1968-85. The second was that the most convincing account of population history anywhere in pre-colonial Africa, Professor Joseph Miller's study of Angola, argued that famine and disease had indeed been the chief constraints on population growth in an environment similar to Zimbabwe's. Third, Dr David Beach had suggested that recurrent drought and disaster - shangwa, in the Shona term - was a key to understanding Zimbabwe's history. It all seemed to fit together.

It was clear, too, that the material in the National Archives bore on a debate about the causes and control of famine which has concerned historians, social scientists, and development workers since the beginning of this century. The debate originated in India, which experienced several appalling famines during the second half of the nineteenth century. Indian scholars, led by R.C. Dutt in 1900, argued that although these famines were caused by drought, drought caused famine only because it acted on a society impoverished by British policies. While over-taxation, uncontrolled free trade, railway construction, and other innovations drained wealth out of India, the same policies also destroyed indigenous techniques, such as household granaries, by which Indians had previously protected themselves against scarcity. These changes, so Indian scholars argued, bore especially heavily on the poor and the landless, who could not afford to buy food at famine prices, so that it was possible for people to starve to death outside well-stocked grain stores, as happened in Bengal in 1943-4. Whereas in pre-colonial India men had starved when there was no food, in colonial India poor men starved when they had no money to buy food which was available. The nature of famine itself had changed.

This analysis has recently been applied to the history of famine in Africa, especially in Dr Michael Watts's work on Hausaland in northern Nigeria, an area with many environmental similarities to Zimbabwe. Dr Watts accepts that famines in this region were chiefly caused by drought and occurred at intervals before colonial rule, but he stresses that the Hausa people possessed many methods of preventing crop failure or surviving it. Their agricultural techniques sought to minimise risk. They stored food. They pursued supplementary non-agricultural occupations. They lived in large families and practised mutual aid. They formed clientage ties with powerful men and expected state assistance in times of need. In the colonial period, so Dr Watts argues, these resources were eroded, especially by the commercialisation of agriculture and by the demands of an alien state which gave only token aid during famine and impeded the emergence of a truly capitalist agriculture whose productivity might have prevented food scarcity. As a result, famine became more common (although perhaps less severe) in twentieth-century Hausaland. For the poor, indeed, it was almost a permanent condition, a 'drome of continual food shortage'.

Yet this is only one perspective on the history of famine. Another is again best stated for India, especially by Dr Michelle McAlpin. In her view, India's late nineteenth-century famines were no worse than those before colonial rule. The important point was that from the beginning of the twentieth century famine ceased to kill large numbers of people, except in the special circumstances of Bengal in 1943-4. Scarcity continued to recur, but mortality did not. Control of famine mortality was achieved through many of the same means which Indian historians of the earlier period had blamed for causing famine - railway transport, wider trade, a mobile labour market - but also by a general increase in wealth, improved medical

conditions, and especially more efficient government. A key element in the growth of governmental competence was the compilation during the 1870s and 1880s of the Indian Famine Codes, which set out procedures to be followed by officials in order to prevent or relieve famine. Similar advances had already ended famine mortality in England in the seventeenth century - England's last 'famine that killed' took place in 1623 - and in Western Europe (with rare exceptions) during the eighteenth century. The same advances, chiefly under Communist rule, have ended China's appalling famine mortality in this century.

Reading the files in the National Archives, I believed that I was watching the abolition of famine mortality in Southern Rhodesia during the first quarter of the twentieth century. I already thought that famine mortality had been abolished at that time, or slightly earlier, in South Africa, whose last major 'famine that killed' took place during the 1890s, but that story had not yet been written. I thought, too, that famine mortality was brought under control in many parts of tropical Africa after 1925, but again no historian has yet told this story in detail. The chance to do so for Southern Rhodesia was irresistible, especially because the colony's records are unusually detailed because it was governed unusually closely.

I therefore did two things. I incorporated my initial impression of the colonial period into a general book on the history of poverty in Africa, and I decided to extend my research on Zimbabwe until it would support a short book on the history of famine and its control there. This book is the result. It consists of accounts of the nine most serious food shortages between 1890 and 1960, the aim being to show how scarcity and its relief changed over the period. The book is based on official reports in the National Archives, supplemented from contemporary newspapers, mission records, and secondary works. That is a limited range of sources and it is therefore a limited book. Its conclusions may well be refuted by other sources, if they can be found.

As I went deeper into the evidence, however, I realised that my initial impression was often wrong. The following chapters set out a more complicated history of famine in Zimbabwe. Its chief elements are as follows.

First, the sparse evidence from pre-colonial Zimbabwe suggests that deaths from famine were uncommon. Drought and scarcity were common enough, and so are oral traditions of their horrors, but hard evidence of mortality is scarce and virtually confined to those famines which were caused or worsened by violence. Except in those cases, the peoples of pre-colonial Zimbabwe appear to have established their own controls over famine mortality. The important evidence comes from missionaries who lived continuously in Matabeleland from 1859.

The history of famine in the colonial period divides into three phases. The first, to 1922, saw much scarcity. The chief mortality, in 1896-7, was due to famine caused by violence. There followed four famines - in 1903, 1912, 1916, and 1922 - which were mainly 'traditional' in form, in that they were due to drought and were worst in those areas least affected by the European presence, although colonial disruption was an increasingly important element as time passed. All these famines threatened severe mortality. None in fact caused it, partly because indigenous survival techniques persisted, partly because the colonial government gradually developed a system of relief comparable to (but apparently not drawn

directly from) the Indian Famine Codes. Thanks to more efficient administration, transport, and trade, the famine of 1922 was the last in which any significant number of people died.

Yet the pattern of famine and relief established by 1922 almost immediately gave way to a second phase. This was a result of the triumph of European settlement. Signs of the change were apparent before 1922, but thereafter they were dominant. From 1930, at least, land alienation and population growth were reducing total African grain production per head, although the effects were felt at different times in different regions. They appeared first and most severely in the area most disrupted by European settlement, Matabeleland, which now became the chief area of scarcity, along with remote pockets surviving in other regions. During the 1930s and 1940s, moreover, scarcity came to be concentrated especially among the poor and weak, taking the form not of famine mortality but of endemic malnutrition. Meanwhile the dominant settler economy also took over the relief of scarcity. In the famine years of 1933, 1942, and 1947, it was not the Native Affairs Department that dominated famine relief but the Maize Control Board, along with the white farmers who supplied its grain and the white traders who distributed it. Here lay the contrast between Southern Rhodesia and the Northern Nigeria described by Dr Watts, for in Southern Rhodesia capitalism - white capitalism - did triumph during the 1930s and create a new, capitalist system of famine control to replace the indigenous system.

Yet in the 1950s the pattern changed once more and a third phase began. Scarcity remained similar in character but became more acute as the agrarian crisis in the African reserves deepened. The result was seen in the famine of 1960 - the last considered here because thereafter the public records are closed - and probably in the famines which have since become increasingly frequent, culminating in the very severe dearth of 1982-4. Moreover, the famine of 1960 revealed that the settler capitalist economy could no longer handle famine without assistance, because it could no longer absorb the available labour and thereby enable the hungry to purchase food. In 1960, therefore, direct government relief was necessary for the first time since 1922, and this too subsequently became more common. The state filled the widening gaps in the capitalist system of controlling famine mortality, and the system held.

Overall, then, famine mortality did disappear from Southern Rhodesia in the colonial period, but had seldom been acute at any time. Non-fatal scarcity, on the other hand, remained as common as before. It may even have increased, especially in the late colonial period, but more significantly it changed, especially in its geographical location and social incidence. Similarly, the methods of controlling mortality and relieving need changed greatly, but their efficacy probably remained much the same.

The implications of these findings are considered in the conclusion. First it is necessary to present the evidence.

2. Pre-colonial famine

This chapter argues that although droughts and food shortages were common in pre-colonial Zimbabwe, famine mortality was rare, except when drought was exacerbated by violence (as in the early nineteenth century in the broad period of the "Swazi" invasions). The evidence for this is of two kinds. First, the oral traditions and written references to pre-colonial famine mortality are few (when compared with Ethiopia or Angola, for

example) and dubious (e.g. the account of famine in the Mutema kingdom in c.1450-80 sounds suspiciously like the concealment of a defeat which ended northward expansion, while de Sousa's account of famine after Silveira's death in 1561 sounds too providential to be true). Second, and more important, although the LMS missionaries resident in Matabeleland from 1859 frequently described scarcity (especially in 1859-62 and in the 1860s), they never described serious famine mortality. As Carnegie put it, "Famine, though much talked about, is very seldom seen".

The chief reasons for the rarity of famine mortality were environmental variety and the extreme localisation of rainfall (so that there was nearly always food not too far away), cultivating skills, storage techniques, great knowledge of wild produce (as described by Scudder for the Tonga, and aided by the very sparse population), the absence of the epidemic diseases associated with famine elsewhere in Africa (illustrated by the calmness with which smallpox was treated in Zimbabwe in the early colonial period), and the absence of pastoralists (so vulnerable to famine elsewhere).

3. War and famine, 1896-7

The famine in Matabeleland late in 1896 and early in 1897 was the only famine of the colonial period to cause very numerous deaths. They were especially serious in northern Matabeleland (where Gielgud in April 1897 estimated that "nearly one fourth of the population" had died) and in western Matabeleland. These were the two areas where the harvest of 1896 had been worst, but the famine as a whole was not primarily due to drought, locusts, rinderpest, or other natural calamity but to the violence associated with the insurrection and its repression. In that sense the famine continued pre-colonial patterns. In Mashonaland there was scarcity but little if any famine mortality. People survived chiefly by exploiting wild produce. Government relief was severely constrained by transport difficulties, but a precedent for direct relief was established.

4. Famine along the rivers, 1905

This famine was due to drought and took place chiefly in the Sabi, Lundi, and Zambezi valleys, i.e. those areas least affected by European settlement and government. Because these areas were so remote, neither government nor European traders contributed much to famine relief; the food they did provide was extremely expensive. Instead, people survived by local exchange and by exploiting wild produce. Few in the famine area would leave their families to work elsewhere. Mortality is difficult to assess: possibly some hundreds died, many of them from a mild smallpox. This was a traditional famine overcome by traditional means.

5. The great drought of 1912

There was severe drought at this time throughout the savanna regions of Africa. In Zimbabwe it was worst in southern Mashonaland in 1912, in southern Matabeleland in 1913-14, and in the Zambezi Valley almost continuously from 1912 to 1915. All were areas relatively little affected by European settlement. The crisis in southern Mashonaland contrasted with its previous prosperity and resulted from the isolation from railway building which Dr. Phimister has described. As in 1896, most famine victims rejected labour migration and survived by exchange and exploiting the bush, but European intervention was more important on this occasion. White traders bought cattle for European farms in exchange for maize grown on those farms; for the first time famine and white settlement interacted

extensively. Government also organized an elaborate relief operation in southern Mashedanland. The principles, laid down by Sir William Milton, broadly followed Indian and South African models of famine relief: it was to be left wherever possible to private traders; only the incapacitated should receive the issues; pauperisation was to be avoided at all costs. In practice these principles broke down in Chibi, Ndanga, Bikita, and southern Melssetter districts, where free grain had to be issued to avert imminent starvation. Animal transport functioned only with great difficulty, but deaths were probably no more than in 1905. This was again largely a traditional famine, due to drought, worst in the lowveld, and met by traditional devices. But the European contribution to causation and relief was more significant than before.

6. The Ndanga famine, 1916

Although there was scarcity in several areas in 1916, it was especially serious in Ndanga and Bikita, where a classic relief operation was needed to prevent mass starvation. (The documentary evidence on this operation is unusually full). The famine was due to drought, but it was acute in Ndanga and Bikita because they had been impoverished first by their isolation and then by the famine of 1912, from which they had never recovered. While European traders (seeking cattle for the wartime market) supplied grain to other regions, Ndanga and Bikita were too poor even to attract traders. Hence they needed government relief on an unprecedented scale (some 50,000 bags of grain). With Milton gone, relief policy was formulated by the GNC, H.J. Taylor. He organised better preparatory measures than before, instituted official oversight of grain prices, and eased the restraints on emergency issues of free food. He did not organise famine relief works, as was normal in India, because settler farms demanded the available labour. Taylor claimed that nobody died of famine in 1916. A few may have done, but not many.

7. Transitional famine, 1922

This widespread famine was worst in remote areas, but otherwise many traditional patterns gave way to a new kind of scarcity. The dearth of 1922 was due not to a sequence of bad years (as normally in the past) but to a single harvest failure, indicating that storage techniques were breaking down in face of the cash economy and that more Africans were becoming dependent on the market. The famine was exacerbated by the collapse of cattle prices during the postwar depression. There is less mention of bush produce and more of labour migration. But in 1922, for the first time during a famine, workers often could not find jobs. On this occasion, therefore, government relief works (chiefly road-building for the new motor car) were opened for the only time before 1960. In addition, Taylor's Native Department ran its biggest relief operation ever, supplying 67,931 bags of grain, although much more was supplied by private European traders. Some deaths took place among weak and vulnerable groups in outlying areas which animal transport could not reach. In the aftermath the Native Department for the first time debated how to prevent famine in future. It decided to encourage drought-resistant manioc, but this never won acceptance in Southern Rhodesia.

8. Depression and scarcity, 1935

This was the first famine (or really only a scarcity) of a new type. It was centred in Matabeleland, where massive land alienation was now breeding almost endemic food shortage, overstocking, and extreme

vulnerability to drought. All the subsequent scarcities considered here (in 1942, 1947, and 1960) were especially serious in Matabeleland, although they were also often bad in the remote river valleys. That of 1933 was worsened by the depression, cattle prices once more collapsing and jobs becoming scarce. There were no identifiable deaths in 1933, but instead more evidence than before of endemic poverty (e.g. in the form of debt). This scarcity took place at exactly the moment, according to Mosley's statistics, when African grain production per head fell significantly and permanently. In 1933, therefore, African survival in dearth depended on production from European farms, as was symbolised by the fact that famine relief was controlled not by the Native Department - which, following Taylor's retirement, largely withdrew from this responsibility - but by the newly-created Maize Control Board, supplying European-grown grain, at stabilised and relatively high prices, by rail and lorry to the white traders who were its agents. A new, effective, capitalist system of famine relief had come into being to replace both the indigenous system and the governmental expedients of the early colonial period.

9. War and scarcity, 1942

There was famine throughout Africa during the Second World War, as also more terribly in India. Southern Rhodesia's scarcity of 1942 was precipitated by a relatively minor drought, made serious by the difficulty of importing grain during wartime, and was worst in Matabeleland and the Zambezi Valley. But it was far less serious than in many parts of Africa, partly because Southern Rhodesia profited in many ways from the war (cattle prices were relatively high and labour in strong demand) and partly because the Maize Control Board's system of famine relief was probably the most efficient in the continent. Only one famine death has been found in 1942.

10. Peace and scarcity, 1947

1947 was potentially a very severe crisis. It saw the worst drought of the colonial period (only one-third of normal rainfall in Bulawayo and Fort Victoria) at a time when food stocks were low and imports extremely difficult to obtain. Famine again concentrated in the Zambezi Valley, where there were a few deaths, and in Matabeleland, where the crisis of African agriculture was deepening as high wartime prices initiated the great expansion of European farming which was to continue into the 1970s. Yet, despite much hunger, the capitalist system of food supply did just cope. None was issued free and less than 1,000 worth on credit, but Africans bought some 500,000 bags of grain during 1947 for some 750,000, spending receipts from cattle sales and wage-labour. There was no lack of jobs and no need for relief works. Government officials (as distinct from the Maize Control Board) did little more than enforce price controls. One indication of the strains inherent in the new system surfaced for the first time in indications of endemic malnutrition among children.

11. Prosperity and scarcity, 1960

In 1960 the capitalist system of famine control began to break down. The 1950s had been perhaps the most prosperous decade since the 1870s. African grain output had partly recovered, while European farming had boomed. But the cost had been increased pressure on African land, the creation of a larger impoverished class (especially by the Land Husbandry Act), and greater dependence on wage employment. When drought struck in 1960, especially in Matabeleland, the capitalist economy could no longer employ all those seeking work - as Butcliffe showed, per capita GDP turned

down in 1960 after many years of growth - and the capitalist technique of relieving famine by means of wage-employment no longer worked effectively. In 1960, for the first time since 1922, Government had to intervene with food issues (25,000 was owed for food at the end of the year) and relief works. Several Native Commissioners noted that unprecedented numbers of elderly and disabled people were in need of aid. Others noted widespread malnutrition and frank starvation among children. A pattern of endemic malnutrition, recurrent scarcity, and repeated Government relief was taking shape. To judge from Dr. Leys's work in Chivi in 1982-4, it may still exist.

12. Conclusion

The peoples of pre-colonial Zimbabwe suffered recurrent scarcity but normally prevented it from causing numerous deaths. 'Famines that killed' appear to have occurred when violence intensified scarcity. This pattern survived into the early colonial period, but when the strains of colonial change began to reinforce the effects of drought, Government created a new system of famine relief which operated most fully in 1922. Thereafter, however, the growing dominance of settler capitalism changed the nature of famine and its relief. Famine in peripheral districts gave way to scarcity in areas of intensive white settlement, especially Matabeleland. The Maize Control Board, with its European suppliers and distributors, replaced the Native Affairs Department as relief agency. This system still operated in 1960, but by then settler capitalism found it increasingly difficult to prevent or relieve scarcity among a more numerous and impoverished African population.

The crisis of capitalism apparent in the scarcity of 1960 probably reappeared in all the numerous shortages of the next 25 years, but this book ends in 1960 because its chief sources - the records of the colonial government - are not yet available thereafter. It is important to stress in this conclusion how narrowly-based those sources are. Much research remains to be done on the history of famine in Zimbabwe, from both private papers and oral traditions. Such research will probably destroy many of the arguments presented here. Moreover, there is no reason to think that Zimbabwe's famine history is any guide to those of other African countries. Each requires its own investigation.

This book may serve a purpose by providing a preliminary history of famine in one country. But it does not serve the purpose for which the research was undertaken. The original hypothesis was that famine and its control might be the key to Zimbabwe's remarkable population history, explaining why the population was so small in 1890 and why it grew so soon and so quickly thereafter. The evidence of this book is that the original hypothesis was false. In Zimbabwe - although not necessarily elsewhere in Africa - famine mortality was not the main constraint on pre-colonial population. Control of famine mortality in the colonial period cannot explain why population grew so early in the twentieth century. But colonial innovations can largely explain how population continued to grow so rapidly without suffering disastrous famine mortality. That is why the study of twentieth-century methods of preventing mortality is not 'highly specious', as Dr Watts has complained, but highly relevant.

Nevertheless, the problem of Zimbabwe's population history remains largely unsolved. It is one of the most important, fascinating, and difficult problems presented by the country's history.



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